



PTO/SB/02 (04-05)  
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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/676,448
Filing Date	September 29, 2000
First Named Inventor	Cartwright
Art Unit	3621
Examiner Name	Hewitt, II, Calvin
Attorney Docket Number	CRTW-0004

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
 Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel H. Golub				
Address	Morgan Lewis & Bockius LLP 1701 Market Street				
City	Philadelphia	State	PA	Zip	19103
Country	U.S.A.				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Shawn D. Cartwright		
Date	4/21/2006	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	09/676,448
Filing Date	September 29, 2000
First Named Inventor	Cartwright
Title	System and Method for Obtaining
Art Unit	3621
Examiner Name	Hewitt II, Calvin
Attorney Docket Number	CRTW-0004

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Daniel H. Golub	33,701
Alison B. Weisberg	45,206

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel H. Golub		
Address	Morgan Lewis & Bockius LLP 1701 Market Street		
City	Philadelphia	State	PA Zip 19103
Country	U.S.A.		
Telephone	215-963-5055	Email	dgolub@morganlewis.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.01.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	4/21/2006
Name	Shawn Cartwright	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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